



Division of Medical Services
Gainwell Technologies Provider Enrollment Unit
P.O. Box 8105, Little Rock, AR 72203-8105
P: (501) 376-2211 WATS: (800) 457-4454 F: (501) 374-0746

Change of Ownership Information

All providers who are currently enrolled that have experienced a change in ownership or a change in tax number must complete the information below:

Effective date or anticipated date the change will occur or has occurred: _____

Organization name of the new owner: _____

Organization name of previous owner: _____

Arkansas Medicaid Provider number of previous owner: _____

Federal Tax Identification number of previous owner: _____

Type of Sale that occurred

Was this a purchase of Assets? Yes No

Was this a purchase of Stock? Yes No

Other — explain

A copy of the sales agreement signed by all parties is required.

Name of Authorized Representative (typed or printed legibly) Title

Signature Date